POUSE'S NAME.  OCAL HOME ADDRESS (Include ZIP Code)	UNIT & ORGANIZATION		PHONE NO.
OCAL HOME ADDRESS (Include ZIP Code)			PHONE NO.
	<u></u>		PHONE NO.
DO NOT	WRITE BELOW THIS LINE		
ATE OF ATTORNEY	REMAR	KS .	
RIVACY ACT STATEMENT: FH Form 2056. AUTHORITY, Title 10 USC Chap			
ide 5 USC 301, Talle 10 USC 3012, Talle 44 USC 3101, Executive Order No. 9 IR 27 - 10. PRINCIPAL PURPOSE(S), aids in identification and note-taking by 6			
or individual desiring defense help. ROUTINE USES, aids in identifying, locating,	and advising		
ients. Information obtained in interviews protected by attorney-client privilege. This information is Voluntary, however, failure to provide the requested information.			
is attorniazion is Voluntary, however, tailure to provide the requestitio information gnificantly hamper a defendant's case.			

DATE OF INTERVIEW	ATTORNEY	REMARKS (Con't)
·		